

WIC Staff Guidance Document for Postpartum Diet Questionnaire Revised 10/2007

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Postpartum Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

<i>Question</i>	<i>Staff Action</i>
1) Please check all of the following you have that work.	Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.
2) How many times do you eat each day?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
3) Are there any foods or beverages that you cannot or will not eat?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
4) Are there any foods of which you think you do not eat enough?	Provides an opportunity to learn what the client would like to change about their eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
5) What do you usually drink?	Assess for consumption of herbal tea. Assign " <i>Intake of Dietary Supplements with Harmful Effects</i> " as appropriate. Assess alcohol consumption, compare with responses on the ATOD tab of the Health Interview window in KWIC. Target counseling on identified needs and concerns. Provide referrals as appropriate.
6) How often do you drink milk?	Assess for adequacy of intake and target counseling on identified needs and concerns.
What type of milk do you usually drink?	Assess for counseling and food package tailoring.
7) How many times do you eat fruits and vegetables during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
Which fruits and/or vegetables (not juice) do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.
8) Which protein foods do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.

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How many times do you eat protein foods during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
9) Do you regularly eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)?	Assess for compulsive consumption of any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
10) Are you on a special diet or trying to lose weight?	Assess and assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
11) Do you have any medical/health/dental problems?	Assess for dental problems. Assign “ <i>Dental Problems</i> ” as appropriate. Assess for disabilities that interfere with the ability to eat. Assign “ <i>Disabilities Interfering with the Ability to Eat</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.
Was this problem diagnosed by a doctor?	Used to confirm diagnosis of conditions for risk factor documentation.
12) Please check and describe all of the following you usually take.	
Over-the-counter drugs	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate. Assess for medical conditions. Assign the corresponding risk factor as appropriate.
Vitamin and/or minerals	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate. Assess and assign “ <i>Inadequate Vitamin/Mineral Supplementation</i> ” as appropriate.
Herbs/Herbal Supplements	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
Tobacco	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
Street Drugs	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
13) Have you had a blood lead test?	Assess if woman has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” as appropriate.
14) How much did you weigh before your pregnancy that just ended?	Assess and compare with the pre-pregnancy weight entered on the Anthropometric Measurements window in KWIC.

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15) Please check any of the following that are true about your pregnancy that just ended.	
My baby was born more than 3 weeks early	Assess and assign “ <i>Preterm Delivery at Last Delivery</i> ” as appropriate.
My baby was born weighing less than 5 pounds 9 ounces	Assess and assign “ <i>Low Birth Weight Infant born at Last Delivery</i> ” as appropriate.
My baby was born weighing 9 pounds or more	Assess and assign “ <i>Large for Gestational Age Infant born at Last Delivery</i> ” as appropriate.
My baby was born with a birth defect	Assess and assign “ <i>Birth with Nutrition Related Birth Defect at Last Delivery</i> ” as appropriate.
My doctor told me I had gestational diabetes	Assess and assign “ <i>Gestational Diabetes during Last Pregnancy</i> ” as appropriate.
My doctor told me I had Pregnancy Induced Hypertension	Assess and assign “ <i>Pregnancy Induced Hypertension</i> ” as appropriate.
I had a C-Section	Assess and assign “ <i>Recent Major Surgery, Trauma, Burns</i> ” as appropriate.
I had more than one baby (twins, triplets, etc.)	Assess and assign “ <i>Multifetal Gestation</i> ” as appropriate.
16) Not including this last time, how many times have you been pregnant?	Assess and compare with age at conception. Assign “ <i>High Parity and Young Age</i> ” as appropriate.
When did your last (not this) pregnancy end?	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.
17) Have you breastfed your baby at any time since the delivery	Assess, verify client is being certified in the correct category and compare with response on the infant’s Health Interview tab of the Health Interview window in KWIC.
18) What do you think about breastfeeding?	Assess and target counseling on identified needs and concerns.
19) Are you experiencing any of the following situations?	
Baby always seems to be hungry	Assess and target counseling on identified needs and concerns.
Don’t have enough milk	Assess and target counseling on identified needs and concerns.
Baby refuses breast, arches back	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Sore nipples	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Sore breasts	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.
Engorged or full, hard breasts	Assess for the breastfeeding woman and assign “ <i>Potential Breastfeeding Complications</i> ” as appropriate.